State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

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1915		6180	
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information	тот	AL PAGES IN ENTIRE (FA-4 REPORT
on this form. For assistance in completing this form, see instructions on the reverse side.		6	
IS THIS AN AMENDMENT? Yes X No			
COMMITTEE INFORMATION			
Full name of committee (as on Statement of Organization) Check if this is a new name Hall Render Killian Heath & Lyman Employee Political Action Committee		,	
2. Acronym or abbreviated name, if any Hall Way PAC	3. Committee telephone n (317) 633-4884	umber	
4. Mailing address (address where all campaign finance correspondence is received ONE AMERICAN SQUARE, STE. 2000	if this is a new address		
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. IS THIS AN AMENDMENT? Yes No COMMITTEE INFORMATION			
CANDIDATE INFORMATION (For Candidate's Com	nmittee Only)		
7. Full name of candidate (<i>include any nickname</i>)	8. Party affiliation or if inde	ependent	
9. Office sought (include district number, if any. Not required for exploratory committee.	10. County of residence		
TYPE OF REPORT		CONVENTION CANDID	ATES ONLY
11.		12. Check one:	-
PrePrimary			
0.4/0.4/0.04.4			COLUMN B Year to Date
• • • • • • • •		97,003.38	97,003.38
(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)	ĺ	612.24	612.24
15b. Unitemized		0.00	0.00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	612.24	612.24
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	97,615.62	97,615.62
EXPENDITURES			
		9 284 73	9,284.73
			0.00
2.00 0.000	SUBTOTAL		9,284.73
	•		88,330.89
	IOIAL		00,000.00
20. Debts OWED TO the committee (use Schedule E)		0.00	
CERTIFICATION		FOR OFF	ICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE CORRECT AND COMPLETE	TIT IS	Filed: Onl	ine

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TRUE, CORRECT AND COMPLETE.	NT, TO THE BEST OF MY KNOWLEDGE A	ND BELIEF IT IS
Signature of Treasurer	Title	Date
Signature Included	Treasurer	04/18/2014
Signature of Candidate (if applicable)		Date
Signature Included		04/18/2014

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

4/18/14 8:51 am



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INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a, of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is so totional.

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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the calendar year. Otherwise, this is optional.				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	35.38	35.38	01/03/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
2 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.15	41.15	01/03/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
3 Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	35.38	70.76	01/17/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
4 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.15	82.30	01/17/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
5 Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	35.38	106.14	01/31/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
TOTAL OF ALL PAGES OF SO	B TOTAL THIS PAGE OF SCHEDULE A CHEDULE A ON THE LAST PAGE ONLY IN ITEM 15a of the Summary Sheet)	\$ 188.44 \$		



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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the calendar year. Otherwise, this is optional.	Sind during			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.15	123.45	01/31/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
2 Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	35.38	141.52	02/14/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
3 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.15	164.60	02/14/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
4 Brian Bauer 12935 Paradise Drive DeWitt Mt 48820	Contribution: Direct	35.38	176.90	02/28/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
5 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.15	205.75	02/28/2014
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
SUB TO	TAL THIS PAGE OF SCHEDULE A	\$ 194.21		
TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITE	ULE A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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the c	alendar year. Otherwise, this is optional.	-			
	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1	Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	35.38	212.28	03/15/2014
Contri	outor's Occupation (if required): Attorney/Legal -				J. Ullom
2	William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.15	246.90	03/14/2014
Contri	outor's Occupation (if required): Attorney/Legal -				J. Ullom
3	Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	35.38	247.66	03/28/2014
Contri	outor's Occupation (if required): Attorney/Legal -				J. Ullom
4	William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.15	288.05	03/28/2014
Contril	outor's Occupation (if required): Attorney/Legal -				J. Ullom
5	Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	35.38	283.04	04/11/2014
Contril	outor's Occupation (if required): Attorney/Legal -				J. Ullom
	TOTAL OF ALL PAGES OF SCHEDU	AL THIS PAGE OF SCHEDULE A LE A ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 188.44 \$		



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All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor, within a calendar year, must be itemized on this schedule (over \$200 in contributions during the calendar year. Otherwise, this is optional.

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1	William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.15	329.20	04/11/2014 J. Ullom
Contri	butor's Occupation (if required): Attorney/Legal -				
	SUB TOTA	L THIS PAGE OF SCHEDULE A	\$ 41.15		
	TOTAL OF ALL PAGES OF SCHEDUL (Enter total on ITEM	E A ON THE LAST PAGE ONLY	\$ 612.24		



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4 SCHEDULE B) Itemized Expenditures

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	LAFENDITOR
Code: Contributions		Direct	150.00	150.00	01/28/2014
1 Committee to Elect Richard Rush as Judge of Floyd Superior Court #2421 West 1st StreetNew Albany IN 47150	Judge of Floyd Superior Court #2	Purpose: campaign contribution			
Code: Contributions		Direct	6,250.00	6,250.00	02/04/2014
2 Mike Pence for Indiana 47 N. Meridian Street, Suite 200 Indianapolis IN 46204	Governor	Purpose:			
Code: Fundraising		Direct	500.00	500.00	02/04/2014
3 Oakes for Judge 426 Canal Court S. Drive, Apartment E Indianapolis IN 46202	Judge	Purpose:	·		
Code: Contributions		Direct	1,000.00	1,000.00	02/20/2014
4 Beth White for Indiana Campaign PO Box 441566 Indianapolis 1N 46244	Secretary of State	Purpose:			
Code: Contributions		In-Kind	134.73	1,134.73	02/25/2014
5 Beth White for Indiana Campaign PO Box 441566 Indianapolis IN 46244	Secretary of State	Purpose: In-Kind Contribution for Feb. 25th Juncheon			
Code: Contributions		Direct	1,250.00	1,250.00	04/11/2014
6 Indiana Democratic Party 115 West Washington Street, Suite 1165 Indianapolis IN 46204		Purpose: sponsor table at Jefferson-Jackson Dinner			
44 CONTRACTOR (ACCUSATION ACCUSATION ACCUSAT	SUB TOTAL T	HIS PAGE OF SCHEDULE B	\$ 9,284.73		
1	OTAL OF ALL PAGES OF SCHEDULE I	B ON THE LAST PAGE ONLY 1 17a of the Summary Sheet)	\$ 9,284.73		